

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009034

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 408

FILED FEB 23 1962

## 1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

CLAYTON

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in Hospital, give location)  
HOSPITAL OR INSTITUTION

St Louis County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St Louis

c. CITY  
OR TOWN

Lemay

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

1162 JEFFERSONIAN DR

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ROBERT

A.

BROCKSMITH

4. DATE  
OF DEATH

Month

Day

Year

JAN-30-1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

FEB-9-1893

## 9. AGE (last birthday)

68

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

11 21

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

HOSTING ENG

11. BIRTHPLACE (City and state or country)

CARROLLTON Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

ADOLPH BROCKSMITH

## 13b. MOTHER'S MAIDEN NAME

ALICE HARTUNG

## 14. NAME OF HUSBAND OR WIFE

ALMA BROCKSMITH

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

W W No 1

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

1162 JEFFERSONIAN  
ALMA BROCKSMITH DR Lemay Mo18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis, massive

INTERVAL BETWEEN  
ONSET AND DEATH

5 minutes

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arterio-sclerotic Cardiovascular  
Disease1 year  
6 mo

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ N- ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1/30/62

to 1/30/62

and last saw her alive on 1/30/62

Death occurred at

2:50 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

8005 Big Bend, 19,

22c. DATE SIGNED

2/1/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

FEB-2-1962

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL Cem.

23d. LOCATION (City, town, or county)

JEFF BRK'S Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

FEY FUNERAL HOME, MEHLVILLE Mo 2-1-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John E. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 27 1962

APR 27 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gustav R. Jurek*

Licensed Embalmer No.

*4329*

P. O. Address

*St Louis mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.